

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31, 1999.

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

## FOR OFFICE USE ONLY

Postmark Date: 2/11/99

Reg **1990845**

✓ # 21064  
# 1809  
KSD

1. NAME Tompkins Kristy  
Last First MI
2. BUSINESS PHONE 703 267 1346  
Area Code and Phone Number
3. BUSINESS ADDRESS 11250 Waples Mill Road Fairfax VA 22030  
Street and No. City State Zip
4. EMPLOYER National Rifle Association Institute for Legislative Action
5. EMPLOYER'S ADDRESS 11250 Waples Mill Road Fairfax VA 22030  
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name National Rifle Association Institute for Legislative Action  
Address 11250 Waples Mill Road Fairfax VA 22030  
Business or purpose Membership Association  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

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Lobbyist's Registration Number

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of Virginia  
County Fairfax

Before me, the undersigned authority, personally came and appeared Kristy Tompkins, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

*Kristy Tompkins*  
Signature of Lobbyist

Sworn to and subscribed before me on this 10<sup>th</sup> day of  
February, 19 99

*Vincent R. Hay*  
Notary Public

Rev. 8/97

